



NL Health Services

Rehabilitation Day Services

Driving Assessment Services Referral (Part I)



Name: _____

HCN: _____

Date of Birth: _____

Client consent for information release: (Required)

I consent for the Medical Section of Motor Registration Division to communicate with Driving Assessment Services to release license status, medical requirements or other information to facilitate this referral. Information may be shared via secure email or telephone conversation.

Client's Name: _____ Client's Signature: _____

Driver's License Number: _____ Date: DD/MONTH/YYYY

This personal health information is being collected under the authority of Sections 29, 30 and 31 of the Personal Health Information Act and will be used for the purpose of evaluation of driving safety. If you have questions concerning the collection, use and disclosure of this information, contact Driving Assessment Service at (709) 777-6509. If you have questions relating to Privacy and Access, contact (709) 777-8205.

Is the client ready to be assessed? Yes No, hold until: DD/MONTH/YYYY

Client Information:

Address: _____ City/Province: _____

Postal Code: _____ Telephone: _____

Alternate contact name: _____ Telephone: _____

Diagnosis/past medical history: _____

Areas of concern (Attach any relevant information)

Cognitive/perceptual: _____

Note: If referral for above issues, see page 2

- Physical Right Lower Extremity Upper Extremity Right Left Neck Pain
- Other (seizure activity, substance abuse, etc): _____

Motor Registration Division (MRD) notified? Yes No Is client driving? Yes No

Driver's Licence: Valid Suspended Medical clearance sent? Yes No Unknown

Assessment fee: Clinical \$110.00, On Road Evaluation \$125.00 or \$150.00 with equipment

Client has been made aware of the fee: Yes No

Name: _____ Signature: _____ Date: DD/MONTH/YYYY



NL Health Services

Rehabilitation Day Services

Driving Assessment Services Referral (Part II)



Name: _____

HCN: _____

Date of Birth: _____

Are there concerns with instrumental activities of daily living (IADLS) due to change in cognition? CMA guidelines indicate difficulty with 2 or more IADL's is predictive of compromised driving safety.

Check all that apply:

Driving:

- Reported concerns with driving safety by _____
- Recent accidents/fender benders _____
- Has completed unsuccessful road test with MRD

Medications:

- Takes medication in correct dosages at correct time
- Takes responsibility if medication is prepared in advance and reminded
- Is not capable of dispensing own medication

Finances:

- Manages financial matters independently
- Manages day to day purchases, but needs help with banking, major purchases, etc.
- Incapable of handling money

Does the client have increased difficulty with:

- Completing basic activities of daily living (BADLs) such as eating, dressing, hygiene or bathing
- Planning and preparing meals
- Using the computer/telephone/TV remote

Has driving retirement been discussed with client/family? Yes No

Is client resistant to driving cessation? Yes No

Is this causing a family conflict? Yes No

Forward the completed referral together with any relevant documentation to:

Driving Assessment Services, Rehabilitation Day Services, Dr. L.A. Miller Centre
100 Forest Road, St. John's, NL, A1A 1E5
Telephone: (709) 777-6560 Fax: (709) 777-8702

MRD medical section contact information:

Telephone: (709) 729-0345 or Toll Free: 1-877-636-6867 Fax:(709) 729-4360
Email: MRDmedicals@gov.nl.ca

Referring agent: _____ Address: _____

Telephone: _____ Fax: _____

Signature: _____ Date: DD/MONTH/YYYY

Submit Form